

SERFF Tracking Number:	DDAR-127690920	State:	Arkansas
Filing Company:	Delta Dental of Arkansas	State Tracking Number:	49953
Company Tracking Number:			
TOI:	H10G Group Health - Dental	Sub-TOI:	H10G.000 Health - Dental
Product Name:	WS-DDAR-SOB-12A		
Project Name/Number:	WS-DDAR-SOB-12A/		

## Filing at a Glance

Company: Delta Dental of Arkansas  
 Product Name: WS-DDAR-SOB-12A  
 TOI: H10G Group Health - Dental  
 Sub-TOI: H10G.000 Health - Dental  
 Filing Type: Form

SERFF Tr Num: DDAR-127690920 State: Arkansas  
 SERFF Status: Closed-Approved State Tr Num: 49953  
 Co Tr Num: State Status: Approved-Closed  
 Reviewer(s): Donna Lambert  
 Author: Sara Farris Disposition Date: 10/12/2011  
 Date Submitted: 10/05/2011 Disposition Status: Approved  
 Implementation Date: 11/14/2011

Implementation Date Requested:  
 State Filing Description:

## General Information

Project Name: WS-DDAR-SOB-12A  
 Project Number:  
 Requested Filing Mode:  
 Explanation for Combination/Other:  
 Submission Type:  
 Filing Status Changed: 10/12/2011  
 State Status Changed: 10/12/2011  
 Created By: Sara Farris  
 Corresponding Filing Tracking Number:  
 Filing Description:

Status of Filing in Domicile:  
 Date Approved in Domicile:  
 Domicile Status Comments:  
 Market Type:  
 Overall Rate Impact:

Deemer Date:  
 Submitted By: Sara Farris

This is the second of four Schedules of Benefits I am filing for a large new client. This Schedule of Benefits is for the high plan for active employees.

## Company and Contact

### Filing Contact Information

Sara Farris,	sfarris@ddpar.com
1513 Country Club	501-992-1662 [Phone]
Sherwood, AR 72120	501-992-1663 [FAX]

### Filing Company Information

Delta Dental of Arkansas	CoCode: 47155	State of Domicile: Arkansas
1513 Country Club Rd.	Group Code:	Company Type:

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<i>Product Name:</i>	<i>WS-DDAR-SOB-12A</i>		
<i>Project Name/Number:</i>	<i>WS-DDAR-SOB-12A/</i>		
Sherwood, AR 72120	Group Name:	State ID Number:	
(501) 992-1662 ext. [Phone]	FEIN Number: 71-0561140		
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$0.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Delta Dental of Arkansas	\$50.00	10/05/2011	52504228

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	10/12/2011	10/12/2011

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## **Disposition**

Disposition Date: 10/12/2011

Implementation Date: 11/14/2011

Status: Approved

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved	No
<b>Supporting Document</b>	Application	Approved	No
<b>Form</b>	WS-DDAR-SOB-12A	Approved	No

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## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 10/12/2011	WS-DDAR-SOB-12A	Schedule Pages	WS-DDAR-SOB-12A	Initial		0.000	WS-DDAR-SOB-12A.pdf

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## Delta Dental PPO Plus Premier

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### Schedule of Benefits for Windstream Communications – High Plan

**Original Effective Date:** January 1, 2012 12:01 a.m. Central Standard Time,

**Group Number:** 9619

**Annual Deductible:** \$50 for benefits received in

- Coverage B
- Coverage C

With a maximum of \$150 per family per benefit period. There is no deductible on Coverage A.

**Carry Forward Deductible:** If a charge is incurred for a covered service during the last three (3) months of any calendar year and is applied to the deductible for that year, such charge will also be applied to the deductible for the next calendar year.

**Annual Maximum Payment:**

- **In Network:** \$1,500 per person per benefit period
- **Out of Network:** \$1,500 per person per benefit period

**Benefit period:** A benefit period for each eligible participant shall mean a calendar year, the period from January 1<sup>st</sup> to December 31<sup>st</sup> of each year.

### Coverages and Maximum Plan Allowances (MPA)

#### Coverage A – Diagnostic and Preventative Services

**In Network 100% MPA**  
**Out of Network 100% MPA**

- Routine periodic examinations not more than two (2) in any benefit period, inclusive of an initial oral examination.
- Bitewing x-rays two (2) sets of four (4) films in a benefit period.
- Intraoral-periapical and extraoral x-rays.
- Full-mouth x-rays one (1) in any thirty six (36) consecutive month period.
- Prophylaxis (cleaning) not more than two (2) in any benefit period.\* **Please see information on Evidence Based Dentistry.**
- Topical application of fluoride two (2) per benefit period.
- Space maintainers for prematurely lost teeth of eligible dependent children to age nineteen (19).
- Minor emergency treatment for the relief of pain as needed by the participant once on the same date and only payable in conjunction with x-rays and /or diagnostic procedures.

The terms of the contract, along with any amendments or endorsements issued by DDAR, will in all cases be controlling. Should the wording of the policy, along with any amendments or endorsements issued by DDAR conflict with the schedule of benefits, application, the policy, along with any amendments or endorsements issued by DDAR governs.

## Coverage B – Basic Restorative Services

**In Network 80% MPA**  
**Out of Network 80% MPA**

- Sealants once per tooth on permanent maxillary and mandibular first and second molars with no caries (decay) on the occlusal surface for dependent children to age nineteen (19), limited to two (2) times per tooth every sixty (60) months.
- Amalgam (silver) and composite/resin (white) fillings.
- Sedative fillings.
- Simple extractions.
- Oral surgery, including pre- and post-operative care and surgical extractions.
- Consultations, but not more than two (2) in a twelve (12) month period.
- Root canal treatment is limited to once in any twenty four (24) month period for the same tooth.
- Pulp capping (excluding final restoration) and therapeutic pulpotomy (excluding final restoration).
- Pulp therapy and apexification/recalcification.
- Surgical periodontics, including gingivectomy, gingivoplasty, gingival curettage and osseous surgery, but no more than one (1) surgical procedure per quadrant in any three (3) year period.
- Non-surgical periodontics. Periodontal scaling and root planing are limited to not more than once per quadrant in any twenty four (24) month period.
- Periodontal maintenance; limited to four (4) per benefit period, less the number of teeth cleanings received during the benefit period, following active periodontal treatment. **\* Please see information on Evidence Based Dentistry.**
- General anesthesia or intravenous sedation in connection with oral surgery and all extractions. Coverage will also be considered when oral surgery procedures are not performed if the patient has a medically compromising condition. Injections of therapeutic drugs.
- Complete or partial denture reline, including chair side or laboratory procedures to improve the fit of the appliance to the tissue, if at least six (6) months have passed since the installation of the existing removable denture; and not more than once in any thirty six (36) month period.
- Complete or partial denture rebase, including laboratory replacement of the acrylic base of the appliance if at least six (6) months have passed since the installation of the existing removable denture; and not more than once in any thirty six (36) month period.
- Recementing of cast restorations or dentures.
- Adjustments of dentures, if at least six (6) months have passed since the installation of the denture.
- Simple repairs of crowns, inlays, onlays or dentures.

## Coverage C – Major Restorative Services

**In Network 60% MPA**  
**Out of Network 60% MPA**

- Initial installation of full, partial or fixed dentures or implants when needed to replace congenitally missing teeth or when needed to replace natural teeth that are lost while the person receiving such benefits was insured for dental insurance under this certificate.
- Replacement of a non-serviceable denture if such denture was installed more than sixty (60) months prior to replacement.
- Replacement of an immediate, temporary, full denture with a permanent, full denture, if the immediate temporary, full denture cannot be made permanent and such replacement is done within 12 months of the installation of the immediate, temporary, full denture.
- Initial installation of crowns, inlays, onlays and labial veneers.
- Replacement of any crowns, inlays, onlays with the same or a different type of cast restoration.
- Prefabricated stainless steel crown or prefabricated resin crown.

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- Core buildup.
- Posts and cores.
- Implants, but not more than once for the same tooth position in a sixty (60) month period.
- Repair of implants, but not more than once in a twelve (12) month period.
- Implant supported prosthetics, but no more than once for the same tooth position in a sixty (60) month period.
- Tissue conditioning once in a thirty six (36) month period.
- Non-surgical treatment of temporomandibular joint (TMJ) disorders. Services include appliance and x-rays related to the treatment and diagnosis of TMJ.

#### **Rider(s)**

**Child Orthodontic Rider – Orthodontic Services**  
**Lifetime Maximum Payment : \$1,250**

**In Network 60% MPA**  
**Out of Network 60% MPA**

**Children are covered up to age 26.**

**Adult Orthodontic Rider – Orthodontic Services**  
**Lifetime Maximum Payment : \$1,250**

**In Network 60% MPA**  
**Out of Network 60% MPA**

The initial payment made by DDAR for comprehensive treatment cannot be more than one-third (1/3) of the total fee for treatment. Subsequent payment(s) will be issued on a regular basis for continuing, active orthodontic treatment. Payment(s) will begin the month after the beginning of treatment. Payments are subject to the participants' co-payment percentage and lifetime maximum. Orthodontia is considered a pre-existing condition if treatment begins prior to the date he/she became eligible under this plan, unless in the case of a take over group. Please refer to the Ortho Rider.

**(\*) Evidence Based Dentistry: DDAR covers additional routine cleanings or periodontal maintenance procedures up to four per benefit period for covered members with diabetes, heart disease, who are pregnant or have a history of periodontal disease. The additional benefits may not be combined by those with more than one of the above conditions.**

***Questions? Contact Delta Dental's Customer Service Department at (800) 462-5410.***

***Delta Dental's network of participating providers may be found on our website at [www.deltadental.com](http://www.deltadental.com).***

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## Supporting Document Schedules

		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Flesch Certification	Approved	10/12/2011
<b>Bypass Reason:</b>	n/a		
<b>Comments:</b>			

		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Application	Approved	10/12/2011
<b>Bypass Reason:</b>	n/a		
<b>Comments:</b>			